



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2933

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/766,232 | <b>FILING OR 371(c) DATE</b><br>01/28/2004<br><b>RULE</b> | <b>CLASS</b><br>358 | <b>GROUP ART UNIT</b><br>2625 | <b>ATTORNEY DOCKET NO.</b><br>36742.0136 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Kishore Tipirneni, Glendale, AZ;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/029,817 12/13/2001 PAT 6,798,533 which is a CON of 09/219,956 12/23/1998 PAT 6,381,029

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/16/2004

|  |                        |                      |                    |                         |
|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>AZ | SHEETS DRAWING<br>10 | TOTAL CLAIMS<br>18 | INDEPENDENT CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                        |                      |                    |                         |

**ADDRESS**

20322

**TITLE**

Systems and methods for remote viewing of patient images

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>471 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------------|---|---|